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Bib Data Sheet

CONFIRMATION NO. 3819

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/813,036 | <b>FILING OR 371(c)<br/>DATE</b><br>03/31/2004<br><b>RULE</b> | <b>CLASS</b><br>271 | <b>GROUP ART UNIT</b><br>3654 | <b>ATTORNEY<br/>DOCKET NO.</b><br>250464US6 |
|------------------------------------|---|---------------------|-------------------------------|---|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 2003-095020 03/31/2003  
 JAPAN 2004-024802 01/30/2004

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/08/2004

|  |                                      |                                 |                               |                                    |
|--|--------------------------------------|---------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no  | <b>STATE OR<br/>COUNTRY</b><br>JAPAN | <b>SHEETS<br/>DRAWING</b><br>19 | <b>TOTAL<br/>CLAIMS</b><br>37 | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
| 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                                      |                                 |                               |                                    |
| Verified and<br>Acknowledged<br><i>Rakesh Kumar</i><br>Examiner's Signature  | <i>RL</i><br>Initials                |                                 |                               |                                    |

## ADDRESS

22850

## TITLE

Sheet feeding device and image forming apparatus

|  |   |   |
|--|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>1162 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                 |
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